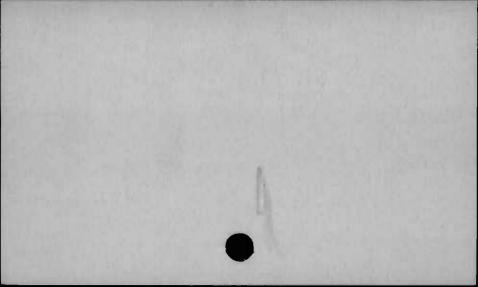
Name in Ful! Certificate of Death Occupation Female Hersban Name Cause of Death Immediate Reported by Address Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



Name in Full Certificate of Death Female Single Number of children living Husband Father's Name Cause of Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

